



Maryland Transit Administration (MTA)  
Mobility Certification Office  
4201 Patterson Avenue, 2<sup>nd</sup> Floor  
Baltimore, MD 21215  
Phone: 410-764-8181, Opt. 2  
Fax: 410-764-7624



## **APPLICATION FOR PARTICIPATION IN THE MARYLAND TRANSIT ADMINISTRATION MOBILITY / PARATRANSIT PROGRAM**

**This information will be used to determine transportation services eligibility and may be shared with other transit service providers. The information will be kept confidential in accordance with State law. Providing false information may constitute a crime punishable by law.**

**After the MTA receives your completed application form, you will be notified by mail to please call 410-764-8181, Press 2, then 1, Monday through Friday 8:30 a.m. to 4:30 p.m. to schedule an in-person interview appointment. This IN-PERSON INTERVIEW is a necessary part of the application process. The IN-PERSON INTERVIEW will be held at the Maryland Transit Administration (MTA) Certification Office at 4201 Patterson Ave., 2<sup>ND</sup> Flr., Baltimore MD 21215.**

**The application process is complete only when the MTA receives your completed application forms and the in-person interview has been conducted. Please note that applicants may also be referred to a medical facility for a functional assessment as part of the application and certification process. If you have any questions about the application process, please call the MTA Certification Office at 410-764-8181, press 2, then 1. You can call Monday – Friday, from 8:30 a.m. to 4:30 p.m.**

For Office Use

Date Rec'd \_\_\_\_\_  
DC \_\_\_\_\_ Int Date \_\_\_\_\_  
Temp \_\_\_\_\_ Perm \_\_\_\_\_  
PCA: Y \_\_\_\_\_ N \_\_\_\_\_  
Int. C.

**I – TO BE FILLED OUT BY THE APPLICANT**  
**PLEASE PRINT CLEARLY. Complete ALL sections.**  
Incomplete applications will be returned to the applicant.  
Section 1 – APPLICANT INFORMATION

\_\_\_\_\_  
**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Apt./Unit No.** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_  
**(Cell)** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
**E-mail** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**In case of emergency please contact:**

**Name** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_  
**(Cell)** \_\_\_\_\_

Section 2 – DISABILITY

**Describe your disability and how you believe it limits your ability to use MTA's Local Bus, Metro Subway, or Light Rail services. Please be specific and explain completely.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the expected duration of your disability?**      **Date** \_\_\_\_\_

Section 3 – TRAVEL ASSISTANCE

If you are found eligible for the MTA’s Mobility / Paratransit Program, the MTA will use the following information to plan your trip and reserve the proper vehicle for your ride.

Check below if you use any of the following:

Cane \_\_\_\_\_ Manual (standard) wheelchair \_\_\_\_\_ Crutches \_\_\_\_\_  
Power wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Scooter \_\_\_\_\_  
Oxygen \_\_\_\_\_ Service animal \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

If you use a wheelchair, can you transfer to a car with a minimal amount of help?  
Yes \_\_\_\_\_ No \_\_\_\_\_

For your safety, comfort and convenience, please state the weight of your wheelchair:  
\_\_\_\_\_ lbs. Length of wheelchair: \_\_\_\_\_ in.

Width of wheelchair \_\_\_\_\_ in. Your weight if over 250 pounds: \_\_\_\_\_ lbs.

Do you need a Personal Care Attendant (PCA) to assist you?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Are you currently certified to use any other Paratransit service, such as Medical Assistance, Social Services, Department of Aging, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list all:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section 4 – FUNCTIONAL ABILITY

Please answer ALL of the following questions:

Are you physically able to?

- 1. Walk or use a wheelchair / scooter, etc. about 1/3 of a city block (200 feet)  
Without help from another person? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_
- 2. Walk or use a wheelchair / scooter, etc. about three city blocks (1/4 of a mile)  
Without help from another person? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

3. Climb three 12- inch steps without help? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

4. Wait outside for 15 minutes for the Local Bus, Metro Subway, or Light Rail without help?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

5. Travel to and from your home to MTA Local Bus, Metro Subway or Light Rail Service?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

6. Travel to and from your trip destination to the MTA Local Bus, Metro Subway or Light Rail Service. Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

7. Get on and off an MTA Lift – Equipped Local Bus without help?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

8. Use MTA fixed-route service (Local Bus, Metro Subway or Light Rail) in one direction and Mobility / Paratransit service in the other direction? (Example: travel to dialysis by the Local Bus or Rail, but return using Mobility / Paratransit Service)

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

#### Section 5 – VERIFICATION

I hereby certify, under the penalties of perjury, that the information given above is true and correct. I understand that the MTA will rely upon this information in making a determination as to my eligibility for participation in the program. I agree that if any of the information provided to the MTA is materially false or misleading, the MTA shall have the right to revoke or condition my right to participate in its Mobility / Paratransit Program and pursue any other right or remedy available to the MTA.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Section 6 – APPLICATION ASSISTANCE

If you have completed this application for someone else seeking certification, please provide the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**II – THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT’S PHYSICIAN OR HEALTHCARE PROFESSIONAL:**

**Section 7 – INSTRUCTIONS:**

**In deciding whether the applicant is eligible for MTA’s Mobility / Paratransit Program , the MTA will consider input from the applicant’s healthcare provider, in-person interview, and the information provided on the application.**

**In general, to qualify for the MTA Mobility / Paratransit Program, an individual must have a disability and be unable, as a result of a physical or a mental impairment, to board, ride or exit from any accessible MTA vehicle. The fact that the applicant’s medical condition makes using the public transit system more difficult is not a basis for eligibility for the Program. Therefore, focus your response on the functional ability of the applicant. Applicants MAY be referred to a medical facility for a functional assessment as part of the Certification process. If a person is Mobility/ Paratransit eligible for some trips but not others, please specify any such limitations. If an individual has a temporary medical condition, please provide information as to the duration of that medical condition.**

**Low income is not a factor in determining an applicant’s Mobility / Paratransit eligibility.**

**Please print applicant’s name and answer all questions completely using your professional opinion. The healthcare provider must fill out this section, not the applicant.**

\_\_\_\_\_  
**Applicant’s Name (printed)**

**1. Does this client have a need for paratransit service, i.e. a curb-to-curb shared ride service that operates within ¾ mile of MTA fixed route services (Local Bus, Light Rail, Metro Subway) and requires reservations 24 hours in advance?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_ If sometimes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Please specify your patient’s disabilities (formal diagnosis). Please describe the circumstances in which you feel the applicant would not be functionally able to use the MTA’s fixed-route service (Local Bus, Metro Subway, Light Rail):**

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**3. Can the client, with the assistance of a working wheelchair lift or other boarding assistance device, board, ride, and exit from an MTA Mobility / Paratransit vehicle, i.e. cutaway bus or sedan?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**4. If you believe that the applicant is unable to ride MTA Local Buses, Metro Subway, or Light Rail due to the medical condition(s) noted above, do you expect said condition(s) to be: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_**

**If temporary, please state the estimated date when the condition is expected to be resolved: \_\_\_\_\_**

**5. Does the applicant’s medical condition make it necessary that a Personal Care Attendant (PCA), a person designated by the MTA Mobility client to help meet his or her personal needs while traveling or at their destination, accompany them when using Mobility / Paratransit service?**

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, please describe why:**

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**I certify that the information I have submitted is my true and accurate medical opinion.**

\_\_\_\_\_  
**Printed name of physician / healthcare professional**

\_\_\_\_\_  
**Signature of physician / healthcare professional**

\_\_\_\_\_  
**Date Signed**

**License #**\_\_\_\_\_

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

(\_\_\_\_)\_\_\_\_\_  
**Telephone Number**

(\_\_\_\_)\_\_\_\_\_  
**Fax Number**

**AN IN-PERSON INTERVIEW IS REQUIRED FOR ALL MOBILITY / PARATRANSIT APPLICANTS.**

**Applicants who do not qualify for Mobility / Paratransit service may be eligible for MTA Reduced Fare status on regular fixed-route services (Local Bus, Metro Subway, Light Rail).**

**For more information, please call 410-764-8181 or Maryland Relay Service.**

**This application is available in alternate format upon request.**

**PLEASE MAIL APPLICATION TO:**

**MTA Mobility Certification Office  
4201 Patterson Avenue, 2<sup>ND</sup> Floor  
Baltimore, MD 21215  
Fax: 410-764-7624**